

Regional Suicide Prevention Coalition Grant Application Attachment 1

Framework Pillars, Pathways, Project Examples

Framework Pillars

Pillar 1	Pillar 2	Pillar 3
Healthy & Empowered Individuals, Families and Communities: These goals and pathways seek to reduce suicide risk by promoting wellbeing and creating supportive communities for all Oregonians. Other terms you might recognize here are "universal", "primary prevention" and "upstream prevention" or "tier 1 strategies."	Clinical & Community Prevention Services: These goals and pathways seek to reduce suicide by focusing on strategic locations, groups, and sectors to promote wellbeing, to help navigate challenges, to decrease risk, and to recognize warning signs early. Other terms you might recognize here are "selected", "prevention", "primary intervention" or "tier 2 strategies".	Treatment and Support Services: These goals and pathways seek to reduce suicide by focusing services and policies for those who experience suicidality or have been impacted by suicide loss. Other terms you might recognize include "indicated", "Tier 3 strategies", or "intervention".

- 1.1.1 "Coordinated Activities" Youth suicide prevention programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.
 - **Project Example:** Develop a Strategic Plan with Clear Goals for Suicide Prevention Month and Sustainability
- 1.1.2 "SP Policies" Organizations and agencies have suicide prevention policies for clients and staff that are known and utilized.
 - **Project Example:** Partner with Local Schools to Support their Implementation of Adi's Act.
- 1.1.3 "Coordinated Organizations" Organizations and agencies are coordinated and understand their role in suicide prevention.
 - **Project Example:** Begin work on creating a new Coalition; Engage New Culturally Specific Organizations in your Coalition.
- 1.1.6 "Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.
 - **Project Example:** Expand a County-Based Coalition to Include Neighboring Counties.
- 1.2.3 "Information Dissemination" Suicide prevention programming, information and resources are widely advertised and centrally located on one website. Information is kept up-to-date.
 - **Project Example:** Raise the Profile of the Coalition through Targeted Media Campaign and Increased Opportunities for Member Engagement
- 1.4.1 "Positive Connections" All Oregonians have access to meaningful places and spaces to experience positive connection & promote mutual aid.
 - **Project Example:** Summit/Art Project centering on Hope, Help, Healing, and Transformation
- 1.4.2 "Coping Strategies" All Oregonians understand and have access to what helps them to cope with hardship as an individual and within their community including culturally specific strategies.
 - **Project Example:** Increase Youth Engagement Through Partnership with Local Sources of Strength
- 2.1.1 "Appropriately Trained Community" Oregonians receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced) and are retrained appropriately.
 - **Project Example:** Increase Coalition's Ability to Coordinate and Manage Local Training; Increase Number of People who Receive ASIST Training
- 2.2.1 "Safe Storage Access" All Oregonians experiencing a behavioral health crisis have access to safe storage for medicine and firearms.
 - **Project Example:** Safe Storage Distribution Project in Partnership with Local CMHP.
- 3.4.1 "Equipped & Resourced Communities" Oregon communities are equipped to provide trauma informed postvention care for those impacted by a suicide death.
 - **Project Example:** Stipend for Suicide Loss Support Group Facilitators and Trainings

Oregon Suicide Prevention Framework

1. Healthy & Empowered Individuals, Families and Communities: These goals and pathways seek to reduce suicide risk by promoting wellbeing and creating supportive communities for all Oregonians. Other terms you might recognize here are "universal", "primary prevention" and "upstream prevention" or "tier 1 strategies."

1.1 Integrated & Coordinated Activities

1.1.1 "Coordinated Activities" Youth suicide prevention programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.

1.1.2 "SP Policies" Organizations and agencies have suicide prevention policies for clients and staff that are known and utilized.

1.1.3 "Coordinated Organizations" Organizations and agencies are coordinated and understand their role in suicide prevention.

1.1.4 "Voice of Lived Experience" People with lived experience have meaningful voice in Oregon's suicide prevention, including programming decisions and links to key leaders.

1.1.5 "Equipped Advisories" Advisory groups are well supported, equipped, and function efficiently to make meaningful change.

1.1.6 "Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.

1.2 Media & Communications

1.2.1 "Safe Messaging" All Oregonians receive safe messaging about suicide and self-injury.

1.2.2 "Promoting Wellness" Organizations and agencies routinely and strategically promote wellness, emotional strength, mutual aid examples, and protective factors.

1.2.3 "Information Dissemination" Suicide prevention programming, information and resources are widely advertised and centrally located on one website. Information is kept up-to-date.

1.2.4 "Informed Leaders" Key decision-makers are kept well informed & up-to-date about suicide activity and prevention efforts (i.e. legislators, Oregon Health Authority leaders, Oregon Department of Education leaders, county commissioners).

1.3 Social Determinants of Health

1.3.1 "Clear Links" The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.

1.3.2 "Supporting Partners" Suicide prevention advocates and experts support the work of those decreasing disparities and inequities.

1.4 Coping & Connection

1.4.1 "Positive Connections" All Oregonians have access to meaningful places and spaces to experience positive connection & promote mutual aid.

1.4.2 "Coping Strategies" All Oregonians understand and have access to what helps them to cope with hardship as an individual and within their community including culturally specific strategies.

1.4.3 "Support Roles" People, family and caregivers understand and feel equipped to fulfill their role and understand their important impact on suicidality.

2. Clinical & Community Prevention Services: These goals and pathways seek to reduce suicide by focusing on strategic locations, groups, and sectors to promote wellbeing, to help navigate challenges, to decrease risk, and to recognize warning signs early. Other terms you might recognize here are "selected", "prevention", "primary intervention" or "tier 2 strategies".

2.1 Frontline & Gatekeeper Training

2.1.1 "Appropriately Trained Community" - Oregonians receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced) and are retrained appropriately.

2.1.2 "Supported Training Options" - Suicide prevention frontline and gatekeeper training is widely available at low or no cost for Oregon communities.

2.1.3 "Representative Trainers" - The trainer pool in Oregon for suicide prevention programming represents the cultural and linguistic diversity of the communities in which they train.

2.1.4 "Culturally Relevant Training" - Suicide prevention programming is regularly evaluated and updated to ensure equity, cultural relevance and responsiveness, and linguistic needs are addressed.

2.2 Means Reduction

2.2.1 "Safe Storage Access" - All Oregonians experiencing a behavioral health crisis have access to safe storage for medicine and firearms.

2.2.2 "Means Reduction Education" - Oregon communities are equipped with means reduction strategies and resources.

2.2.3 "Means Reduction Promotion" - Means reduction practices are promoted regularly in Oregon and are linked to suicide prevention.

2.3 Protective Programming

2.3.1 "Available Support" - Oregonians who need immediate support or crisis intervention have access to it.

2.3.2 "Population Focused Programming" - People within populations at greater risk for suicide have access to positive and protective programming in their community.

2.3.3 "Protective Policies" - Organizations and agencies have policies and procedures that increase protection against suicide risk (including passive risk, active risk, and crisis intervention) and those policies are implemented.

3. Treatment and Support Services: These goals and pathways seek to reduce suicide by focusing services and policies for those who experience suicidality or have been impacted by suicide loss. Other terms you might recognize include "indicated", "Tier 3 strategies", or "intervention".

3.1 Healthcare Coordination

3.1.1 "Coordinated Transitions" - All Oregonians who access healthcare for behavioral health crises or suicidal ideation receive coordinated care in transitions between levels of care.

3.1.2 "Appropriate Communication" There is formal communication between healthcare providers, behavioral healthcare providers and social and family supports (including schools for youth).

3.1.3 "Substance Use Services" - Substance Use Disorder and Mental Health services are integrated when possible and coordinated when not fully integrated.

3.1.4 "Integrated Care" - Oregonians will receive integrated care between primary care and behavioral healthcare (including school-based care for youth).

3.2 Healthcare Capacity

3.2.1 "Accessible Services" - Oregonians can access the appropriate services on the continuum of behavioral healthcare at the right time for the right amount of time, regardless of health insurance.

3.2.2 "Right Sized Workforce" - There is adequate behavioral healthcare workforce to meet the need.

3.3. Appropriate Treatment & Management of Suicidality

3.3.1 "Equipped and Well Workforce" - The behavioral healthcare workforce is well-equipped to help Oregonians with suicidality (including understanding variations of risk and protective factors and current risk and protective conditions).

3.3.2 "Voice and Choice" - Oregonians have voice and choice in treatment.

3.3.3 "Whole-person Approaches" - Whole-person approaches are used to enhance treatment for suicide and to increase effectiveness of management of long term symptoms.

3.4 Postvention Services

3.4.1 "Equipped & Resourced Communities" - Oregon communities are equipped to provide trauma informed postvention care for those impacted by a suicide death.

3.4.2 "Postvention Response Leads" - Postvention Response Leads (PRLs) (and teams) are supported and equipped to fulfill their legislative mandates.

3.4.3 "Fatality Data" -Suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.

4. Foundations and Centering Lenses: These are the "how" we agree to do this work together.

4.1 Data and Research

4.2 Evaluation

4.3 Policy Needs/Gaps

4.4 Funding Needs

4.5 Equity

4.6 Trauma Informed Practices

4.7 Lived Experience Voice

4.8 Collective Impact



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NAO Quick Guide to Fiscal Sponsorship in Oregon

Fiscal Sponsorship is an agreement through which a project or organization without tax-exempt status – but which could qualify for exemption - partners with an existing tax-exempt organization in order to receive donations and grants. Any nonprofit that the IRS recognizes as exempt under section 501(c)(3) can be a fiscal sponsor. If you are already working closely with a 501(c)(3) organization, you may want to consider asking them to be your organization's fiscal sponsor. It is important for sponsoree organizations to find a fiscal sponsor that have a similar mission or area of interest, as the fiscally sponsored program is technically a “program” of the fiscal sponsor.

With the complexity and detail in structuring an agreement, it is important to understand that charitable contributions for the project are accounted for in the financial books of the 501(c)3 organization, and the organization serving as a fiscal sponsor is doing so under the rules and regulations of the IRS. Funds earmarked for the project must be properly controlled and overseen by the fiscal sponsor: they must have the capacity to properly steward the funds, have mission alignment, and a willingness to maintain good communication with the project.

The Internal Revenue Service (IRS) has been more closely scrutinizing these types of arrangements in recent years, so being thoughtful in how you form your fiscal sponsorship is important. It should also be noted that the fiscal sponsor will usually take an administrative fee (typically between 7% and 15% of the sponsored organization's funds) to cover the costs of administering the sponsored organization's financial reporting and banking fees.

One of the best resources available for quickly understanding fiscal sponsorship is Gregory Colvin's book: [Fiscal Sponsorship, 6 Ways to Do It Right](#). This excerpt showing [Fiscal Sponsorship Models](#) is helpful to understand the relationship of the parties.

NAO also suggests referring to the wealth of great information from [National Network of Fiscal Sponsors](#). The two most commonly implemented forms of fiscal sponsorship are described by the [Best Practices for Fiscal Sponsorship](#).

Additional Fiscal Sponsorship Resources

[Guide to Fiscal Sponsorship](#) (GrantSpace)

[Fiscal Sponsorship for Nonprofits](#) (National Council of Nonprofits)

[Sample Fiscal Sponsorship Agreement](#)



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NAO Directory has information on legal support for fiscal sponsorship

[Attorney/Legal Services](#)

The following resources may help you find a fiscal sponsor:

- [Cascade Pacific Fiscal Sponsorship Services](#) – Provides fiscal sponsorship services in Oregon.
- [The Fiscal Sponsors Directory](#) - A searchable directory of potential fiscal sponsors as well as other helpful information.

We hope this information is helpful to you as you explore fiscal sponsorship! For additional questions, we recommend that you consult a nonprofit attorney for guidance in this matter and to review your fiscal sponsorship agreement.